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FACSIMILE COVER SHEET**TO:** Examiner G. Zahedian-Tajniki
USPTO - TC/Art Unit 2666**FROM:** Lock See Yu-Jahnes (Reg. No. 38,667)**RE:** U.S. Patent Appln. No. 09/597,150
Attorney Docket: 03500.014560**FAX NO.:** 703-872-9306**DATE:** February 12, 2004**NO. OF PAGES:** 23
(including cover page)**TIME:****SENT BY:****MESSAGE**I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office (Fax No. 703-872-9306) onFebruary 12, 2004
(Date of Transmission)Lock See Yu-Jahnes (Reg. No. 38,667)
(Name of Attorney for Applicant)

(Signature)

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In re Application of:

Docket No. 03500.014560

TAKEHIRO YOSHIDA ET AL.

Application No.: 09/597,150

Examiner: G. Zahedian-Tajnaqi

Filed: June 20, 2000

TC/Art Unit: 2666

For: COMMUNICATION APPARATUS

Date: February 12, 2004

COMMISSIONER FOR PATENTS
 Mail Stop: Non-Fee Amendment
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 39	MINUS	** 39	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$43 \$86	0
Fee for Multiple Dependent claims \$145°/\$290						previously paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

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☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

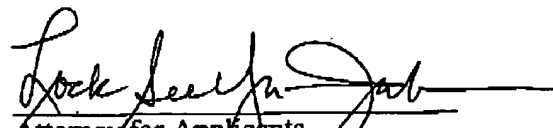
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Lock See Yu - Jaitnes
Registration No. 38,667

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PATENT APPLICATION

03500.014560

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

TAKEHIRO YOSHIDA ET AL.

Application No.: 09/597,150

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For: COMMUNICATION APPARATUS

Examiner: G. Zahedian-Tajniki

TC/Art Unit: 2666

February 12, 2004

Commissioner for Patents
Mail Stop: Non-Fee Amendment
P.O. Box 1450
Alexandria, VA 22313-1450AMENDMENT

Sir:

In response to the Office Action dated November 12, 2003, the Examiner is respectfully requested to amend the above-identified application as follows:

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 703-872-9306) on

February 12, 2004
(Date of Transmission)

Lock See Yu-James (Reg. No. 38,667)
(Name of Attorney for Applicants)

(Signature)

February 12, 2004
(Date of Signature)